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Attention:	Group Art Unit 1745	From:	Travis Dodd
Fax:	(703) 872-9306	Fax:	(818) 833-2065
Examiner's Phone:	(571) 272-1041	Phone:	(818) 833-2014
Company:	United States Patent and Trademark Office	Company:	Quallion LLC
Re:	Application Serial No. 10/666,860	Pages:	Total of 10 pages
	Filing Date: 09/17/2003		
	Inventor(s): Hisashi Tsukamoto et al.	Date:	October 7, 2004
	for ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE		
	Examiner: Dah Wei D. Yuan		
	Group Art Unit: 1745		
	Attorney Docket No. Q137-US3		

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- Response to Notice of Non-Compliant Amendment
- Amendment Transmittal (in duplicate)
- Fee Transmittal (in duplicate)

Lisa K. Robbins
(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/666,860
		Filing Date September 17, 2003
		First Named Inventor Hisashi Tsukamoto et al.
		Group Art Unit 1745
		Examiner Name Dah Wei D. Yuan
Total Number of Pages in This Submission		Attorney Docket Number Q137-US3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____ Remarks _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): _____

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Dated: 10/7/2004

Phone: (818) 833-2014
Fax: (818) 833-2065

Respectfully submitted,

By: 
 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
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Typed or printed name	TRAVIS DODD	
Signature		Date

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<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:</p> <table border="1"> <tr> <td>Typed or printed name</td> <td colspan="2">TRAVIS DODD</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> </tr> </table>		Typed or printed name	TRAVIS DODD		Signature		Date
Typed or printed name	TRAVIS DODD						
Signature		Date					

FEE TRANSMITTAL

Attorney Docket No.	Q137-US3
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/666,860
Filing Date:	September 17, 2003
Examiner Name:	Dah Wei D. Yuan
Group/Art Unit:	1745

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 790.00	\$395.00	\$ 00.00
Total Claims	20 - 20=	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	2 - 3=	0	X \$ 88.00	X \$ 44.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 300.00	\$150.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$ 000.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/7/2004

FEE TRANSMITTAL

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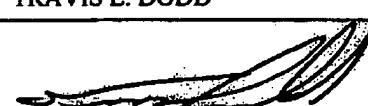
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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	TOTAL:		

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/7/2004